

CALIFORNIA CONSERVATION CORPS**Corpsmember Development**1719 24th Street, Sacramento, CA 95816

(916) 341-3204 FAX (877) 882-0120

www.ccc.ca.gov

**DETERMINATION OF QUALIFYING SCHOOL****Section A. To be completed by CCC scholarship applicant**

Name of CCC applicant: _____

Signature: _____ Date: _____

Home Phone Number: () _____ Work: () _____

E-mail: _____ Social Security Number: _____

Section B. To be completed only by School/Training Program

Name of school/program: _____

Address: _____

Phone Number: () _____ E-mail: _____

Total cost of program: \$ _____ Total number of classroom hours: _____

Do students receive a certificate or degree upon completion of the program? Yes _____ No _____

Does your school have a Financial Aid office? Yes _____ No _____

How long is a student eligible for placement assistance? Years: _____ Months: _____

What is the background of your instructors/school officials? _____

Describe your learning resources (books, manuals, videos, computer access, etc) _____

Signature of School Official: _____ Title: _____

Printed Name: _____ Date: _____

NOTE: Please enclose a copy of your refund policy**PAGE 5**

CCC Form 502 Rev. 2/11